

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16		/					66						
17		/					67						
18		17					68						
19	/						69						
20		/					70						
21	X						71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		17					76						
27		0					77						
28		0					78						
29	/						79						
30		/					80						
31		/					81						
32		17					82						
33		17					83						
34	/						84						
35	/						85						
36	/						86						
37	/						87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	97						TOTAL DEP.						
TOTAL CLAIMS	104						TOTAL CLAIMS						